Request for Comments
North Carolina Statewide Health information Exchange Services

Subject: RFC #201101-01
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1. How to best develop statewide HIE services that can be deployed to the maximum benefit of all stakeholders. What is your point of view on the services and functionality which should be included in the statewide HIE, as well as your thoughts regarding the content of the RFP being developed to choose a vendor to build those services.

    a. Include brief descriptions of any current HIE capabilities including:
        i. HIE platform currently in use or in development.
            1. *Data link currently uses Medseek as the application vendor in a federated HIE model.A major platform upgrade is currently underway at Data Link to increase the usability and functionality further. The Medseek application, Data Link hardware and networking tunnels/VPNs are located at the Peak 10 Data Center in Charlotte, NC.*

        ii. Types and number of entities with whom we currently exchange data.
            1. *There are currently 16 Hospitals and Community Care of Western North Carolina who use the Data link HIE, see list below. The Charles George VA Medical Center in Asheville, NC should be live with Data Link by the 1st of April as well.*
                a. *Angel Medical Center*
                b. *Blue Ridge Regional Hospital*
                c. *CarePartners Health Services*
                d. *Cherokee Indian Hospital*
                e. *Harris Regional Hospital*
                f. *Haywood Regional Medical Center*
                g. *Highlands-Cashier Hospital*
                h. *The McDowell Hospital*
                i. *Mission Hospital*
                j. *Murphy Medical Center*

k. *Margaret R. Pardee Memorial Hospital*
l. *Park Ridge Health*
m. *Rutherford Hospital*
n. *St Luke's Hospital*
o. *Swain County Hospital*
p. *Transylvania Regional Hospital*
q. *Community Care of Western North Carolina*

   iii. Current types of data exchanged
1. *Admission/demographic information*
2. *Laboratory*
3. *Pharmacy*
4. *Transcription (Operative, Discharge Summary, ER, etc.)*
5. *Face Sheets*
6. *Microbiology*
7. *Radiology*
8. *Allergies*
9. *Visit history*

2. For those respondents who are interested in providing more detailed comments on specific attributes of or expected requirement for HIE services, please consider the following:

a. What types of clinical functions would be helpful for the statewide HIE to support?
   i. *Public Health Reporting which could be rolled into the value-added Quality Reporting service.Patient educational materials. Access to State and Federal Resources i.e. immunization, substance abuse, domestic violence registries, tumor registries, etc.Some of the value-added services could be provided by the regional HIE's.*

b. What core and value-added HIE services are of the most value to your organization and why?
   i. *The greatest value to our users is a comprehensive longitudinal record. Having information from all health care providers in the state provides that comprehensive view. The majority of HIE use comes from the Emergency Department Physicians and Hospitalists at most of our organizations. However, the ability of all of our clinicians to check*

drug,lab, micro, radiology, patient demographics, etc. is very valuable in the reduction of duplicative tests and procedures. There is also value for physicians to be sure patients are actually filling drug prescriptions and having the tests performed that have been ordered by the physician, i.e., patient compliance. All of these increase the quality of care.

If you anticipate exchanging data with NC HIE's statewide services, how would you expect to request information?

The Data Link (MEDSEEK application) utilizes primarily a federated data model. The data is stored at the source of the service provider. We use a variety of methods to integrate to these disparate applications and systems ranging from JDBC, ODBC, MAGIC Calls (MEDITECH), CORBA, vendor-suppliedAPIs, web services, and HL7 messaging. As far as the dissemination of data to the users, the preferred method is via standard based HL7 messages that can be accepted by the systems we are sending data to.

Additionally how would you present information you received from the statewide HIE services to your users?

Data Link currently presents data retrieved from these multiple different systems/vendors into a common view. We would continue this for any State supplied services for ease of use.